

PART B - FEE(S) TRANSMITTAL

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140 7590 02/06/2012
LADAS & PARRY LLP
1040 Avenue of the Americas
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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/587,372	06/12/2008	Miren Edurne Baroja Fernandez	U 016405-8	1684

TITLE OF INVENTION: METHOD OF PRODUCTION OF RECOMBINANT SUCROSE SYNTHASE, USE THEREOF IN THE MANUFACTURE OF KITS FOR DETERMINATION OF SUCROSE, PRODUCTION OF ADPGLUCOSE AND PRODUCTION OF TRANSGENIC PLANTS WHOSE LEAVES AND STORAGE ORGANS ACCUMULATE HIGH CONTENTS OF ADPGLUCOSE AND STARCH

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO YES	\$1740 \$870	\$300	\$0	\$2040 \$870	05/07/2012

EXAMINER	ART UNIT	CLASS-SUBCLASS
PAGE, BRENT T	1638	800-278000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a **Customer Number is required.**

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

(SEE ATTACHED SHEET)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☐ A check is enclosed.
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **12-0425** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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CLIFFORD J. MASS

30086

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NAME OF ASSIGNEE:

**UNIVERSIDAD PUBLICA DE NAVARRA
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RESIDENCE:

**PAMPLONA, NAVARRA, SPAIN
MADRID, SPAIN**

RECORDED: JUNE 12, 2008
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